



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5050

September 13, 2013

CERTIFIED MAIL 7007 1490 0003 4202 1532

Administrator
The Cannon House
113 23rd Avenue South
Seattle WA 98144

Assisted Living Facility License #2056
Licensee: Sea Mar Community Health Centers

IMPOSITION OF CIVIL FINES AND
IMPOSITION OF CONDITIONS ON A LICENSE

Dear Administrator:

This letter constitutes formal notice of the imposition of civil fines and a condition on the license for your assisted living facility, located at **113 23rd Avenue South, Seattle**, by the State of Washington, Department of Social and Health Services, pursuant to Laws of 1998, Chapter 272; RCW 18.20.190.

The civil fines and conditions on the license are based on the following violations of the Revised Code of Washington (RCW) and Washington Administrative Code (WAC) found by the department at your assisted living facility. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on **September 9, 2013**.

WAC 388-78A-2120(3)(a)(b) Monitoring residents' well-being.

\$8,100.00

\$100.00 x 81 violations

The licensee failed to administer medications or obtain weights per physician orders: 32 missed doses of medication and 49 weights not recorded resulting in 23 lb. wt. gain for resident with congestive heart failure. This is a repeat violation of deficiencies cited on March 7, 2013.

WAC 388-78A-2130(3)(a)(b) Service agreement planning. **\$500.00**
\$100.00 per month x 5 months
March 2013 until August 2013

The facility failed to identify, address and update care plans for a resident experiencing a change in condition. This is a repeat violation of deficiencies cited on March 7, 2013 and August 5, 2013.

WAC 388-78A-3090(1)(a) Maintenance and housekeeping. **\$600.00**
\$100.00 x 6 days
August 28, 2013 through September 4, 2013

The facility failed to have resident room treated for bed bug infestation until six days after receiving report from resident and physician.

The department, based on the findings of the inspection, has determined that the following conditions shall be placed on your license:

- ***The Licensee must hire, no later than September 30, 2013, at the facility expense, a Registered nurse, not previously associated with the facility or organization, who is familiar with assisted living regulations and laws to:***
 - ***Assess each resident and assist Licensee with developing and implementing a negotiated care plan that addresses each resident's care needs and provides for ongoing implementation, assessment and adjustment as needs change.***
 - ***Assist the Licensee to develop an on-going in-service training program for all licensed care staff on quality resident care to include how to identify and report when a resident is experiencing a change in condition and state mandatory reporting requirements for resident or facility incidents.***
 - ***Assist the facility to develop an effective medication and physician order management system.***
- ***The Licensee must provide the RN consultant a copy of each Statement of Deficiencies issued by the Department between March and September of 2013.***
- ***The Administrator must re-take the 'Assisted Living Facility Administrator Training Course' or mentor with a professional long term care Administrator, not previously associated with the facility or organization, to assist the administrator to develop the skills and abilities necessary to meet the minimum requirements of the state licensing regulations.***

- ***If the Mentor option is chosen, the Administrator and Mentor will meet with the Field Manager to review the status of the facility and mentoring plan. Mentor must begin no later than September 30, 2013.***
- ***The licensee must post this Notice of Conditions with the license in a visible location in a common use area.***

The effective date of the condition on your license is **September 13, 2013**. As provided in RCW 18.20.190, the effective date of the condition on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Lois Rasmussen, Field Manager
District 2, Unit D
20425 72nd Ave South, Suite 400
Kent, WA 98032-2388
Phone: (253) 234-6020 / Fax: (253) 395-5071

You may contest the civil fines and condition on your license by requesting an administrative hearing. To do so, the Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$9,200.00** payable to the Department of Social and Health Services. The check should be sent to:

DSHS Office of Financial Recovery
PO Box 9501
Olympia, Washington 98507-9501

If payment has not been received within twenty-eight (28) calendar days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) calendar days, the balance due the department will be recovered.

As provided in RCW 18.20, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager
Aging and Disability Services Administration
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why you are disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and,
- Be sent within 10 working days of your receipt of this notice.

If you have any questions, please contact Lois Rasmussen at (253) 234-6020.

Sincerely,

Lori Melchiori, Ph.D.
Assistant Director
Residential Care Services

Enclosure

Administrator
The Cannon House
September 13, 2013
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cc: David Moon, Compliance Specialist
RCS Field Manager –District 2, Unit D
RCS District Administrator – District 2
HCS Regional Administrator – Region 2
DDD Regional Administrator – Region 2
Washington State Long Term Care Ombuds
Area Agency on Aging, AAA- King
Office of Financial Recovery, Vendor Program Unit
Medicaid Fraud Control Unit
Judi Plesha, HCS
BAM